



Accrediting Commission of Career Schools and Colleges

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# INSTITUTIONAL REVIEW COVER SHEET

*Submit as a cover page for responses*

NAME OF SCHOOL: \_\_\_\_\_

SCHOOL NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

*The data submitted are certified correct to the best of my knowledge and belief.*

CONTACT NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

*The information provided is for the following response type:*

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> ANNUAL REPORT       | <input type="checkbox"/> AGENCY NOTICE      | <input type="checkbox"/> COHORT DEFAULT RATE     |
| <input type="checkbox"/> PROGRESS REPORTING  | <input type="checkbox"/> COMPLAINT          | <input type="checkbox"/> EMPLOYMENT VERIFICATION |
| <input type="checkbox"/> FINANCIAL REPORTING | <input type="checkbox"/> SIGNIFICANT GROWTH | <input type="checkbox"/> OTHER: _____            |

**\* If the submission is for more than one affiliated institution, please ensure that the submission is uploaded for EACH applicable institution.**

**NO FEE ASSESSED**

**FEE ASSESSED**

FEE TYPE: \_\_\_\_\_

SENT DATE: \_\_\_\_\_

CHECK NO.: \_\_\_\_\_